

# Newfoundland angers its MDs by seeking medical help from armed forces

Beth Ryan

## In brief

WHEN THE NEWFOUNDLAND GOVERNMENT ANNOUNCED IN JUNE that it would use military doctors as a stopgap measure to solve physician shortages in rural parts of the province, local doctors weren't impressed. "They thought it was a joke," said Dr. Alan McComiskey. They have since learned that it wasn't.

## En bref

LORSQUE LE GOUVERNEMENT DE TERRE-NEUVE A ANNONCÉ EN JUIN qu'il ferait appel à des médecins militaires pour pallier temporairement la pénurie de médecins dans les régions rurales de la province, les médecins du coin n'ont guère réagi. «Ils croyaient que ce n'était pas sérieux,» affirme le Dr Alan McComiskey. Ils ont maintenant compris que c'était.

**D**octors in Newfoundland say a government proposal to use military medical teams to ease a physician shortage in rural communities indicates how serious the crisis facing Canada's health care system has become.

In early June the province signed a memorandum of understanding with the Department of National Defence to allow military doctors and their assistants to offer services on a short-term basis in some parts of Newfoundland. At the time the health minister, Joan Marie Aylward, acknowledged that the military teams were not a permanent solution, but she hoped that they could provide relief for physicians and ensure that people in underserved areas were receiving adequate access to care.

However, the news was not warmly received by the province's doctors, many of whom were attending the annual meeting of the Newfoundland and Labrador Medical Association (NLMA) when the announcement was made.

"The news came out of the blue and it caused a certain amount of amusement among the doctors," said Dr. Alan McComiskey, a Stephenville physician who became NLMA president in June. "They thought it was a joke. The fact that the government felt it necessary to take this step shows how badly recruitment is going."

Doctors here argue that Premier Brian Tobin's government should not be looking for temporary solutions. Instead, the NLMA says it should sit down and address the ongoing recruitment and retention problems surrounding physicians, which are caused in part by low salaries. Last October, the association submitted its own proposal to government; it discussed salaries, physician resources and physician participation in the management of the health care system.

"The government should divert its energy to dealing with the doctors already working in the province," said McComiskey. "We've addressed all of the issues in our proposal and that's where we are focusing our energy. The NLMA is not going to be distracted by the military-doctors issue."

Meanwhile, none of the military teams have actually been put in place in Newfoundland communities. The health department originally announced that those physicians would be available by September, but the health department said the province is still working out final details with the military.



## Features

## Chroniques

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CMAJ 1998;159:705-6



People in rural Newfoundland aren't the only ones waiting to see a doctor. St. John's is facing its own unique shortage of general practitioners, and ironically it has been caused by a government move to divert doctors from over-serviced urban areas to smaller rural communities.

Starting in 1993, the government capped fees for GPs setting up new practices in the St. John's area, allowing them to bill for only 50% of regular fees. That policy has, of course, discouraged new doctors from coming to the city and created extra work for existing practices. As a result, most doctors are refusing to see new patients and people are finding it difficult to get an appointment with their family physician.

If the cap isn't lifted soon, says Dr. Louise Rogers, she will have to leave her practice, a bustling mid-town clinic in St. John's that has 15 000 patients. One by one, her colleagues at the 6-person Ropewalk Medical Clinic have left to pursue specialities, retire or move to another province, and because of the billing cap Rogers cannot find replacements. For now, she's trying to keep the clinic going with help from a locum.

"We've decided to take a gamble that the restrictions will come off soon," said Rogers. "If that happens, and we're able to attract new physicians, we will continue here. But if it doesn't, we will have to leave."

Rogers wrote to Aylward during the winter to explain the problems the billing cap was causing for patients and doctors alike. There was no reply. "I am very frustrated. We can see what we can do with 15 000 active charts but I can't see how we can serve them all. I won't turn anyone away but I can't work 12 to 14 hours a day."

The NLMA shares Rogers' frustration. McComiskey said the association has been urging the government to eliminate the billing cap for several years. "It has to go — everyone recognizes that. The billing cap has produced effects that were never intended. It's an artificially created situation and it could be lifted tomorrow if the minister decided to do it."

In February, the minister removed the billing cap for several small communities on the outskirts of St. John's; Portugal Cove/St. Philips and Torbay had been included in the fee-capping policy, but local politicians and residents argued successfully that they should not be treated the same as an urban area. Even with the cap dropped, however, those areas are still having trouble recruiting new physicians.

The shortage of doctors in St. John's is also causing staffing problems at 6 of the city's nursing homes. The institutions are home to more than 1000 elderly residents but do not have full-time physicians on staff. A group of about 20 fee-for-service FPs currently provide care.

On July 1, the doctors said they would stop making regular visits to the homes, and respond only to emergen-

cies. Since then, the homes have been sending their residents to local hospitals when they need to see a doctor or get a prescription.

The Newfoundland and Labrador Health Care Association, which oversees the province's nursing homes and hospitals, is negotiating with the NLMA to resolve the physicians' key concerns: low fees, long-term care in nursing homes and emergency room coverage.

In August, Aylward and her officials did not want to discuss any physician-resource issues because they were being debated during negotiations between the province and its roughly 900 practising doctors.

Newfoundland's agreement with its physicians expired in April 1997, and at that point the existing agreement was extended for another year. Active talks started in January, and on Aug. 27 the NLMA reported that a tentative "memorandum of understanding" had been reached. It increases the budget for physicians' salaries and fees, and includes retention initiatives. Results of a vote by NLMA members will be known early next month.

Money is not the only issue but it is a major one, given that the physicians here lag behind their counterparts in the rest of Atlantic Canada by about 25% to 30%, and they collect half the fees of their colleagues in British Columbia. †

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